

No. 300  
10-48  
68

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41673

State File No. ....

FILED JAN 4 1950

88

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lanagan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lanagan</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>601</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>50</u>	

3. NAME OF DECEASED (Type or Print) <u>LAWRENCE EVERETT TESTERMAN</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>12-2-1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>May 8th 1885</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Days <u>6</u>	IF UNDER 1 MIN. Hours <u>24</u>
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tractor Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Lanagan Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Albert Testerman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Therman</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Testerman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>496-01-3378</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Tester</u>	ADDRESS <u>Lanagan</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pancreatic carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unable to determine</u>  <u>159X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 15, 1949, to Dec 2, 1949, that I last saw the deceased alive on Dec 2, 1949, and that death occurred at 9:30pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.P. Fountain D.O.</u>	23b. ADDRESS <u>noel, Mo.</u>	23c. DATE SIGNED <u>Dec 14, 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lanagan</u>	24d. LOCATION (City, town, or county) (State) <u>Lanagan, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-14-49</u>	REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. M. Humphrey</u>	ADDRESS <u>noel, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 20 1949  
District Health Office No. 6,  
District File Number 1249-1406  
Date Filed DEC 28 1949

MAY 10 1955

1950  
S.M.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Riversville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.